

***VIRGINIA DEPARTMENT OF SOCIAL SERVICES  
DIVISION OF LICENSING PROGRAMS***

**PART II: PROGRAM ADDENDUM FOR LICENSURE OF  
A CHILDREN'S RESIDENTIAL FACILITY**

**NAME OF CHILDREN'S RESIDENTIAL FACILITY:** \_\_\_\_\_

**OPERATING INFORMATION**

Name of the Chief Administrative Officer: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Name of the Program Director, if different: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_ Fax Number \_\_\_\_\_  
Email \_\_\_\_\_

Name of the Community Liaison (Staff responsible for facilitating cooperative relationship with neighbors, school system, local law enforcement, local government officials and the community at large.) \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**POPULATION**

Requested Capacity: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female \_\_\_ Both

Minimum Age: \_\_\_\_\_ Maximum Age: \_\_\_\_\_

For Mother/Baby Programs:

Minimum Age of Infant/Toddler Children: \_\_\_\_\_

Maximum Age of Infant/Toddler Children: \_\_\_\_\_

**SPECIALTY PROGRAMMING**

Complete this section to identify programming. Place a check next to the appropriate category below:

- \_\_\_ No Specialty Program
- \_\_\_ Temporary Emergency Care Shelter Program
- \_\_\_ Independent Living Program
- \_\_\_ Wilderness Program
- \_\_\_ Mother/Baby Program

**EDUCATIONAL SERVICES:**

The children admitted to this facility will receive their educational services through enrollment in: (Check all that apply.)

- ☐ The local public school system
- ☐ A day school licensed by the Virginia Department of Education
- ☐ An alternative school licensed or certified by the Virginia Department of Education
- ☐ The school operated by my facility
- ☐ Other (Specify)

OPERATING YOUR OWN SCHOOL: ☐ Yes, the facility plans to operate a school  
☐ No, the facility will not operate a school

(If the answer to the above question is “no, the facility will not operate a school” skip to the next application category “Service Information”.)

If the facility plans to operate a school, it is mandatory that the facility make contact with the Virginia Department of Education (VDOE) and receive a license from VDOE to operate the school prior to beginning these services.

Provide the following information based on your contact with VDOE:

The name of the VDOE staff person spoken to:

\_\_\_\_\_;

The date contact was made: \_\_\_\_\_; and

The name of the person from the facility who made the contact:

\_\_\_\_\_.

**SERVICE INFORMATION:**

This section specifically requires the facility to indicate how the facility plans to ensure the behavioral health and mental health needs of the residents are met. Include a detailed description of these services in your comprehensive written description. (NOTE: *Under the attachment section of this application, the facility is required to provide a comprehensive description of the types of services the facility will offer to the residents both on site at the facility and away from the facility.*)

Specify who will provide therapy and professional counseling to the residents. (Check all that apply).

☐ A licensed credentialed individual or agency in that individual’s office away from the facility location;

☐ A licensed credentialed individual or agency through a contractual agreement at the facility location; or

☐ Facility employees located in an office away from the facility location or at the facility location (an individual providing therapy and professional counseling is required to be licensed by the Commonwealth.)

**RESIDENTIAL ENVIRONMENT** (List all buildings below. Include additional pages if necessary)

Name or Number of Building	Date of Construction or Date of Last Structural Modification	Function	Number of Residents

**OWNER OF THE PHYSICAL PLANT**

<b>Name</b>	
<b>Address</b>	
<b>Phone Number</b>	

**RECORDS: IDENTIFY THE LOCATION OF THE FOLLOWING RECORDS**

Financial Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Personnel Records	Address: _____ City: _____ County _____ State: _____ Zip: _____
Residents' Records	Address: _____ City: _____ County _____ State: _____ Zip: _____

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION	Attachments Provided
1. For each individual listed in Part I, Section 2 of the application (Type of Business Entity) and for the chief administrative officer and program director, background checks pursuant to § 63.2-1726 of the Code of Virginia	
2. Staff Information Sheet ( <i>Listing of staff members with designated positions, qualifications, etc.</i> )	
3. Resumes of all staff identified on the Staff Information Sheet	
4. Job descriptions for each position listed on the Staff Information Sheet	
5. A statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions.	
6. Name of the management company that operates the facility, if other than the licensee.	
7. Written statement of the objectives of the facility addressing: <ul style="list-style-type: none"> <li>• Philosophy and objectives of the organization;</li> <li>• Population to be served/criteria for admission;</li> <li>• Types of services to be offered at the facility and away from the facility;</li> <li>• A copy of any brochures, pamphlets, information the facility will distribute to the public or placing agencies;</li> <li>• Intake and admission procedures;</li> <li>• Exclusionary criteria;</li> <li>• How educational services will be provided to the population served including an alternate plan for children who are not accepted into public school if the primary education plan is for residents to attend public school; and,</li> <li>• Supervision policies and procedures: including contingency plans for resident illnesses, emergencies, away from the facility activities, and resident preferences.</li> </ul>	
8. Copy of the building evaluation signed by the appropriate building official.	

9. Copy of the building floor plan for all floors of the building to be used. include on the floor plan the following information: a. Exact dimension of each room to be used including length, width, and ceiling height; b. Designation of the function of each room on the floor plan; and c. Number of basins, tubs, showers, and commodes in each bathroom.	
10. A copy of the sanitation inspection conducted by the Department of Health.	
11. A copy of the fire inspection conducted by the appropriate fire official.	
12. Evidence that staff have been trained on appropriate siting of children's residential facilities, good neighbor policies, community relations, and Shaken Baby Syndrome and its effects, pursuant to § 63.2 -1737 (F) (iii).	

<b>REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION</b>	<b>Attachments Provided</b>
1. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), copies of the most recent background checks obtained pursuant to § 63.2-1726 of the Code of Virginia. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
2. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
3. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
4. A copy of the building evaluation for any new building that has been constructed or for a change of use or additions/alteration to buildings that have been previously licensed. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
5. If any structural changes have been made to the facility since the facility's last license was issued, a copy of the building floor plan for all floors of the building that was changed. Include on the floor plan the following information: a. Exact dimension of each room to be used including length, width, and ceiling height; b. Designation of the function of each room on the floor plan; and c. Number of basins, tubs, showers, and commodes in each bathroom. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
6. Staff Information Sheet	

7. If changed since the previous license was issued, a statement or chart regarding the organization of the management staff, with information showing who is responsible for policy, operation and management decisions. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
8. If a management company operates the facility rather than the licensee, the name of the new management company if changed since the facility's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
9. If there have been any changes to the position descriptions for positions listed on the Staff Information Sheet since the last license was issued, a copy of the revised documents. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported	
<p>10. If there have been any changes since the last license was issued , a copy of revisions to the statement of the objectives of the facility addressing:</p> <ul style="list-style-type: none"> <li>• Philosophy and objectives of the organization;</li> <li>• Population to be served/criteria for admission;</li> <li>• Types of services to be offered at the facility and away from the facility;</li> <li>• A Copy of any brochures, pamphlets, information the facility will distribute to the public or placing agencies;</li> <li>• Intake and admission procedures;</li> <li>• Exclusionary Criteria;</li> <li>• How educational services will be provided to the population served including an alternate plan for children who are not accepted into public school if the primary education plan is for residents to attend public school; and,</li> <li>• Supervision Policies and Procedures: including contingency plans for resident illnesses, emergencies, away from the facility activities, and resident preferences.</li> </ul> <p><input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported</p>	
11. Evidence that staff have been trained on appropriate siting of children's residential facilities, good neighbor policies, community relations, and Shaken Baby Syndrome and its effects, pursuant to § 63.2-1737 (F) (iii).	

Please send the complete application, which includes 1) Part I: Applicant Information and all required attachments, 2) Part II: CRF Addendum to the Application and all required attachments, and 3) \$500 application fee to:

Virginia Department of Social Services  
Child Welfare Unit, ATTN: Application Processing  
1604 Santa Rosa Road, Suite 130  
Henrico, VA 23229